

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/527151</div>		FILING DATE 					
						APPLICANT(S) 							
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	←	7	←			TOTAL DEP.		←		←		←
TOTAL CLAIMS	8		8				TOTAL CLAIMS						

PTO-875 (REV. 11-80)

U.S. DEPARTMENT OF COMMERCE

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